TEAM NUTRITION TOWA"

SETTING THE STAGE

Policies and Best Practices for Nutrition and Physical Activity in Early Childhood Settings



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How do I use these cards?--3

Congratulations on your commitment to lifelong healthy habits. Use these cards to help you decide what you can do to make improvements to better meet the nutrition and physical activity needs of the children in your care. The set includes:

- background information to support the policies and best practices;
- a self-assessment questionnaire connected to the best practices;
- twelve policies and best practices that contribute to a healthy eating and physical activity environment for children.

After completing the self-assessment, don't feel like you must change everything over night. Choose one or two areas and work on improving them. Then look for other ways to improve your services to children.



How do I use these cards?--4

The cards in this set are color-coded for your convenience.

- Purple Card How to use the Setting the Stage policy cards.
- Green Card Health facts about eating and physical activity
- Orange Card Marketing your services with a focus on Team Nutrition
- Blue Cards Self-assessment questionnaire
- Red Cards Supporting child development at mealtimes
- Aqua Cards 12 policies and associated best practices and their rationales
- Yellow Cards References for the policies and best practices

You will see numbers in parentheses. The numbers are references listed on the yellow cards.

Health Facts to Share--5

Food Consumption Trends

Children and youth are eating fewer fruits, vegetables, grains and



dairy products. Their food choices are associated with nutrient deficiencies and excesses with long-term health consequences. (1) (2) The long-term health consequences include increased risk of heart disease, cancer, and osteoporosis. In the short run, these dietary patterns increase the risk of obesity and the social and psychological issues associated with being overweight.

Obesity Trends

Childhood obesity is epidemic in the U.S. Thirteen percent of children ages 6-11 years are overweight (3) and 8 percent of 4- and 5-year old children are overweight, nearly double the percentages of 20 years ago. (4)

Health Facts to Share--6

Child care and preschool providers positively influence children's health by providing:



- ample opportunity for physical activity;
- · access to healthy meals and snacks;
- · opportunities to learn about healthy food choices.

Parents and child care providers should not address obesity in children by restricting the amount of food children eat unless a physician provides specific directions for a child's diet.

Marketing your services with a focus on Team Nutrition--7

Be sure to tell parents everything you do to promote their children's health. Here are some things you can talk about.

- A. We provide an environment that contributes to the formation of lifelong healthy eating and physical activity habits.
- B. We are committed to Team Nutrition, a national program that promotes healthy eating and physical activity in schools, preschools and child care settings. Team Nutrition promotes:
 - · healthy menus;
 - nutrition education;
 - physical activity;
 - strategies for involving the caregivers, parents and community in promoting healthy eating and physical activity;
 - policies that focus the school, center or home environment on healthy eating and physical activity.

Marketing your services with a focus on Team Nutrition--8

- C. Our nutrition policies are designed to teach children to make their own food selections based on healthy alternatives.
- D. We provide daily opportunities for physical activity so that children develop confidence and enjoyment in moving and being active.



Evaluate your child care or preschool environment by comparing what you do with these best practices. The number in the far right-hand column tells you which policies in this set are addressed by the best

practice.

	Never	Sometimes	Always	Policy Number
Parents receive information about our nutrition and physical activity policies when they enroll their children.				8
We provide parents with information about how to foster healthy eating and physical activity at home.				8
We regularly communicate with parents about food and physical activity choices of their children.				8
Meals and snacks meet the requirements of the Child and Adult Care Food Program and are based on the Dietary Guidelines for Americans.				3
New and familiar foods are served to children.				3
Children decide how much and which foods they will eat.				5
Mealtime is relaxed and calm.				1

	Never	Sometimes	Always	Policy Number
Food is served in a form that young children can eat without assistance and without choking.				5
Foods brought from home for sharing during special occasions require prior approval.				9
Quiet activity precedes meal service.				1
Meals and snacks are scheduled at regular times.				1
Sticky, sweet foods are served only at meal or snack times.				11
Children serve themselves all foods within their capabilities.				5,6
Utensils and dishes are sized for children and designed for their easy use.				5
Furniture is small enough to allow children to eat, serve themselves and pass food.				5

	Never	Sometimes	Always	Policy Number
Adults sit and eat the same foods with children.				5
Adults join in physical activities with children. while providing adequate supervision.				7,12
Adults discuss characteristics of food and foods of different cultures during mealtimes.				3
Neither food nor physical activity is used as an incentive or punishment.				4
Children with special needs have their nutrition and physical activity needs taken into account.				6
We take advantage of many opportunities during the day to teach children about food and healthy eating.				7
We take advantage of many opportunities during the day to teach children about physical activity.				2,7
Children are involved in planned food activities.				7

	Never	Sometimes	Always	Policy Number
Television is used as an educational tool. Otherwise its use is restricted.				7
Children are instructed in hand washing techniques and wash their hands before and after meals.				9
We monitor sanitation, hygiene and food handling to assure a healthy eating enviornment.				9
Our activities, equipment and facilities are developmentally appropriate and safe and are based on the National Association for Sport and Physical Activity guidelines for young children.				12
We have a physical activity and nutrition curriculum.				7
Our program includes play and planned movement experiences, both indoors and outdoors.				2
Children have frequent access to water.				10

Supporting Child Development at Mealtimes--13

To develop emotionally, young children must learn to:

- trust their caregivers;
- · achieve independence and start to make their own decisions;
- · gain self control and respect for others;
- · feel safe in initiating and trying new experiences.

Mealtimes can support children in accomplishing these essential tasks. Here are some common-sense tips: (5)

- Encourage children to feed themselves, even when it is messy.
- Allow children to say "no" to foods and to combine or separate foods as they choose.
- Serve child sized portions or allow children to serve themselves.
- Provide finger foods to enhance the child's ability to succeed at mealtime.
- Encourage children to do all mealtime tasks they are capable of, including setting the table, serving their own food, "cutting" their food, wiping their mouths and hands, and clearing their dishes.



Supporting Child Development at Mealtimes--14

- Do not force children to finish foods in order to get more of another food, to be excused from the table, or as a condition of any other activity.
- · Respect children's feelings of fullness.
- Plan food-related educational experiences, including helping to plan and prepare food.
- Treat spills as routine matters. Teach children how to clean up after themselves and make cleaning supplies accessible to them.
- Sit with children at meals, eat the same foods, and talk quietly with them about the day's activities.
- Minimize directions, corrections and adult-to-adult conversations so children can focus on and enjoy their mealtime.



POLICY 1: The daily schedule promotes a relaxed and adequate period for meals and snacks.

Quiet time precedes meals to promote relaxed eating.

Rationale: A quiet time before meals prepares young children to focus on the developmental and sometimes frustrating tasks of learning how to eat. (6)

Meal schedules are long enough to allow for conversation and passing food several times.

Rationale: Children need time to serve themselves. Adequate time overall reduces the pressure which may surround meal times. (7a)



Meals and snacks are scheduled at a regular time. Either a meal or a snack is offered to children at least every 2-3 hours. (7b)

Rationale: Children have small stomachs and need many chances during the day to eat. A regular schedule also reduces children's anxiety so they can focus on learning how to eat.

POLICY 2: At least 60 minutes of physical activity are scheduled daily for toddlers and preschoolers.

Physical activity is scheduled throughout the day as recommended by the National Association for Sport and Physical Education in the physical activity guidelines for infants and toddlers and is a part of the regular schedule.

Unstructured playtime and planned movement experiences, both indoor and outdoor, are included in the schedule. (8)

Rationale: Children learn important motor skills during both structured and unstructured physical activity. A balance of each of these activities supports child development.







POLICY 3: Foods served to children meet the USDA Child and Adult Care Food Program (CACFP) guidelines and the Dietary Guidelines for Americans and promote acceptance of a variety of foods.

Meals and snacks meet the requirements of CACFP and the Dietary Guidelines. Rationale: These guidelines reflect the most recent research available on healthy food choices for people of all ages.

A combination of new, familiar and culturally appropriate foods is served regularly.

Rationale: Children learn about a variety of foods by trying them. They become accustomed to new foods if adults present them without judgment. (7c)





Child care providers learn about food customs of all children in the program and share this knowledge with children during meals.

Rationale: Adults have an important role to play in modeling acceptance of a variety of foods so they must be knowledgeable about food customs. (7d)



POLICY 4: Food and physical activity are not used as incentives or punishment. Nor do we reward or punish children for what they choose to eat or what they choose as their physical activity.

Children naturally choose a balanced diet when presented with an array of nutritious food.

Rationale: There are negative consequences when food is used as punishment or a reward.

- Children learn to ignore their feelings of hunger and their feelings of fullness may be minimized.
- Children may learn to eat in response to other emotional cues such as eating to comfort themselves or to please someone else.
- Children's ability to select and appreciate nutritious foods may be undermined when less nutritious foods are used as rewards. Children are less likely to go back to a new food if they are offered a reward to try it the first time. (9a)



Children should not be denied scheduled physical education, physical activity or play as a punishment. Physical activity should not be used as a reward or incentive.



Rationale: Children enjoy and need to be active, which sometimes leads adults to use activity time as leverage for changing behavior. An inappropriate consequence is that children who are not compliant may be denied physical education or recess. This is counter to optimal child development and not a best practice.

POLICY 5: Children serve themselves during meals and snacks with adult supervision.



Food is served in a manner that allows children to select amounts and varieties of foods they will eat.

Rationale: Family meal service allows children to serve themselves so they determine which foods to take and how much. Adults should determine what foods are served and how they are served. (9b)

Foods are served in a form that young children can eat without assistance.

Rationale: Children gain mastery in eating and appreciation of what they eat if they can eat successfully on their own. Consider the child's ability to chew, pick up foods and use utensils when planning meals and snacks. (9c)

Utensils and dishes are sized for children.

Rationale: Smaller dishes and serving utensils communicate appropriate expectations about serving size. Easy-to-grasp serving dishes and utensils make it simple for children to serve themselves. (7e)



Furniture is sized to allow children to eat, serve themselves and pass food without difficulty.

Rationale: Appropriate sized furniture helps children feel comfortable and confident when serving and passing food. (7f)





Children have the opportunity to prepare the eating areas, e.g. setting the table and cleaning up after the meal.

Rationale: Children develop new motor skills and practice

increases their dexterity. (7g)

Adults eat with children.

Rationale: When adults eat with children, they can assure that mealtime is relaxing and social and that appropriate eating behaviors are modeled. Adults can help children with utensils and dishes, talk with children about food during the mealtime, and prevent a situation that might lead to choking, spreading of germs or conflict among children. (7h)

POLICY 6: Children with special needs have meals and physical activity planned with professional and family consultation.

A written description of nutrition or feeding needs is obtained before a child enters provider care. (7i)

Rationale: Special needs must be identified so that dietary modifications may be made.



Food substitutions are provided for a child with special food needs in accordance with a written statement from the child's physician. The statement identifies:

- the special food need and how the need restricts the child's diet;
- major life activity affected by the need;
- the food or foods to be omitted and food or choice of foods that must be substituted;
- length of time the modification is required.

Rationale: Child care providers need to understand clearly and thoroughly the limitations and requirements of special needs children so they can plan to include children as much as possible in all eating and physical activity. Limitations and guidance on how to address them should be provided in writing by a physician. The Individuals with Disabilities Education Act specifies that persons with special needs must be served in the least restrictive environment possible. (10)



The developmental readiness of special needs children is monitored to assure that their menu and eating skills are progressing appropriately. Professional help is sought as necessary. Monitoring includes reviewing whether food textures are appropriate, maximum self-feeding is encouraged, and children's preferences for types and amounts of food and pace of eating are respected. (11)

Rationale: Children with special needs may require close supervision. They may also benefit from ongoing evaluation that indicates when they're prepared to advance to higher-level skills.

POLICY 7: Nutrition and physical activity are taught as specific learning objectives and woven into activities throughout the day.

A nutrition and physical activity curriculum is adopted and woven into activities throughout the day.

Rationale: Using a curriculum assures that children learn specific things about nutrition and physical activity, which are necessary for lifelong health.

Examples of Curriculum Integration

- Read books related to food, eating and physical activity to children before or after meals and snacks.
 Rationale: Reading books develops early reading skills and increases appreciation and knowledge about food and physical activity. (12)
- Plan activities and games that increase knowledge and acceptance of a variety of foods and physical activities.
 - Rationale: Many opportunities exist for promoting healthy eating and physical activity in everyday experiences already part of the daily schedule, such as alphabet activities, dramatic play and art activities, and games. (13a)

More Examples of Curriculum Integration

- Engage children in planning and preparing food.
 Rationale: Involving children in the meal planning and preparation promotes acceptance of a variety of foods and learning about healthy food choices. (13b)
- Use television, computers and videos as educational tools to promote healthy eating and physical activity.
 Rationale: Some children's television programs contain healthy messages.
 These programs can be used to teach children about food and physical activity.
- Restrict television viewing that is not part of the educational plan.
 Rationale: Children in the last 30 years have become more inactive, due in part to the time they spend watching television. (14)
- Adults join children in physical activity.
 Rationale: Adults should demonstrate movement during structured play while supervising children. Using a circle formation allows the adult to see all the children while participating. (15a)

POLICY 8: Parents are partners in the task of fostering healthy eating and physical activity habits for children.

We support parents' efforts to evaluate the quality of child care by providing information on nutrition, physical activity policies and meal schedules.

Rationale: A statement of policy and practice can inform parents and provide them with a way to assess quality of child care. (13c)

Ideas are provided about how families can support healthy nutrition and physical activity choices at home.

Rationale: Child care and preschool providers have up-to-date information about nutrition and physical activity. They can support parents in making healthy choices for their children. (13d)

Daily information is provided to parents about their child's activities and needs including eating and physical activity.

Rationale: Children benefit when parents and caregivers share information about how to maintain complementary support for healthy choices at home and in the child care or preschool setting. (13e)



Parents are supported so they are healthy role models for their children.

Rationale: One study found 5 year-old girls increased the amount of fruit and vegetables they ate when their parents ate these foods, too. Parents who only pressured their children to eat healthy foods and did not practice what they preached actually discouraged fruit and vegetable consumption in their children. (16)

POLICY 9: Sanitation, hygiene and food handling are monitored to assure a healthy eating environment.

A policy about food brought from home addresses food safety and nutrition and requires prior approval of any foods brought for sharing.

Rationale: Although parents may wish to bring foods in to celebrate special events, health risks associated with serving food prepared in an unknown environment must be considered. (7)

Hand washing is stressed as the first defense against spreading germs. Adults wash their hands frequently including after using the toilet, after changing diapers, after coming into contact with bodily fluids, before and after snacks and meals, before handling food or table service, and after handling pets or other animals.

Rationale: Thorough hand washing with liquid soap for a least 10 seconds using warm, running water, is effective in preventing disease transmission. (7k)

Children are instructed in hand washing techniques and wash their hands with supervision before and after meals, after using the toilet, after coming into contact with bodily fluids, before and after snacks and meals, before handling food or table service and after handling pets or other animals.

Rationale: Thorough hand washing with soap for a least 10 seconds using warm, running water, is effective in preventing disease transmission. (7k)



Sinks, soap, water and paper towels are placed at children's height so hand washing is easy and comfortable.

Rationale: Easy access to water, soap and towels will encourage children to be diligent in washing their hands.

Adults are trained and monitored on procedures for preparing, serving and storing food, and on sanitizing and disenfecting

dishes, equipment surfaces. U.S. Food and Drug Administration food sanitation standards are observed..

Rationale: Food safety and sanitation are vitally important. Continuous training and monitoring are necessary to assure that providers are knowledgeable and complying with standards. (71)





Adults monitor and respond with corrective measures when children cross-contaminate food at the table. Child care providers demonstrate skills for passing food as part of mealtime activity.

Rationale: Adults monitor meal times to assure that children are not tasting or otherwise contaminating each other's food as well as to demonstrate how to safely pass and serve food. (7h)

Toys and playground equipment are regularly cleaned.

Rationale: Young children often put their mouths directly on toys and equipment, or put their hands, which have been on the toys into their mouths. Regular cleaning reduces transfer of germs and makes them safer by eliminating slippery surfaces. (17)





POLICY 10: Children always have access to safe drinking water and are encouraged to drink water frequently throughout the day.

Water is easily accessible for children.

- Drinking fountains are installed at appropriate levels (for centers).
- Water coolers are brought outside and on field trips.
- Pitchers of water and single-service cups are available to children if a drinking fountain or sink is not conveniently located. Water coolers with push-in spouts may also make water easily available to children.

Rationale: Water is essential to health and should be promoted as a drink of choice. (7m)

Adults model frequent drinking of water instead of drinking other fluids such as soft drinks that have high concentrations of sugar.

Rationale: Staff can, by example, demonstrate that water is a desirable choice.

Water consumption is monitored and water is protected from contamination to avoid the spread of disease.

- Single-service disposable cups are used to discourage the sharing of cups among children.
- Drinking fountain water jets are angled and the orifice guard is above the rim of the fountain (for centers).
- · Drinking fountains don't have high levels of lead (for centers).
- Drinking fountains and water containers are regularly sanitized.

Rationale: Safeguards must be in place to assure that the water is clean and safe. (9m)





POLICY 11: Foods are served at times and in forms that promote dental health.

Foods with high sugar content are served infrequently and then only at meals or snack times.

Rationale: Each time sugars and starches are consumed, acid "attacks" the teeth for at least 20 minutes. More saliva is released during a meal or snack, which helps wash foods from the mouth and protects the teeth from the acid. (18,19)

"Sticky" snacks are served infrequently.

Rationale: Sweets such as gummy candies, dried fruit, and fruit leathers stay on the teeth longer and increase the length of the acid attack. Snacks of vegetables, fruit, cheese, yogurt, and milk are better choices. (18, 19)



Extended exposure to decay-causing liquids in a bottle or cup is avoided.

Rationale: Most children begin getting teeth at about 6 months of age, and decay can begin as soon as teeth erupt. Use of a sippy cup or cup with formula, milk, juice or sugary liquids outside of an infant's or toddler's meal or snack time may cause tooth decay. If a child uses a cup or sippy cup at other times through the day, fill it with water only. (18, 20, 21, 22)

Soft drinks are not served.

Rationale: Soft drinks have a high sugar and acid content. The combined effect of sugar and acid in soft drinks is worse than the decay effect from fruit juices or fruit drinks. Diet soft drinks do not have the sugar content but the acid content of the beverage can cause tooth erosion and increase the risk for decay. (23, 24)



POLICY 12: Physical activities, equipment and facilities are developmentally appropriate and safe and meet the National Association for Sport and Physical Education guidelines for young children. (8)



Activities focus on age-appropriate motor skills. Children have the opportunity to practice important skills. Cooperation is stressed while competition is avoided.

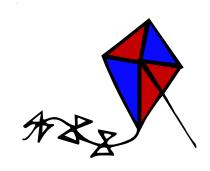
Rationale: Children who have adequate motor skills in a variety of activities, who enjoy physical activity, and who are with their friends are more likely to be active. Competition can discourage physical activity for some children. (15 b)

Equipment and facilities are routinely maintained for safety.

Rationale: Maintenance reduces replacement costs, injuries and negligent liability. (17)

Adults supervise children during physical activity by being close by and actively watching the children.

Rationale: During unstructured play, adults should stand on the edge of the play area so the entire area is visible or near the most dangerous equipment or difficult children. During structured play, adults should organize children (e.g. a circle formation) and stand so all children are visible. Adults should scan the area at least once every 6 seconds while supervising structured and unstructured physical activity. (15c)





Activities and equipment are age appropriate, and all children, regardless of age, have equipment to play on that provides them the chance to have fun and be active.

Rationale: Young children are best served with separate facilities, equipment, and activities, which are designed specifically for their age group. Having several different riding toys (big wheel, tricycle, 2-wheel bike), balls of different sizes or rebound, and a variety of climbing equipment allows each child the opportunity to practice and develop. (15d)

Children do not have food in their mouths while they are walking, running, playing, lying down, or riding in vehicles.

Ratinale: Children should be seated when eating to reduce the risk of choking and damage to teeth. (7n)

References - - 39

- "American Children's Diets Not Making the Grade" at: http://www.ers.usda.gov/publications/FoodReview/May2001/ FRV24I2b.pdf Food Review, Vol. 24, Issue 2
- 2. "Healthy Eating Index Shows Most Children and Adolescents
 Have a Diet That Is Poor Or Needs Improvement" at http://childstats.gov/ac1999/heirel.asp
- 3. "Prevalence of Overweight Among Children and Adolescents: United States, 1999 www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm
- 4. Part II Preventing "Childhood Obesity: Tips for Parents."
 Mealtime Memo for Child Care, 2001, National Food Service
 Management Institute, University of Mississippi
- 5. Fletcher J, Branen L. "Erik Erickson's Psychosocial Stages: Application for Children's Eating Skills Development." www.ag.uidaho.edu/feeding/pdfs/2_1%20Erikson.pdf
- 6. Dodge, D., & Colker, L. 1999. The Creative Curriculum for Early Childhood. Washington. DC: Teaching Strategies. p. 40



References - - 40

7. Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, c. 1992 by American Public Health Association and the American Academy of Pediatrics.

a. p. 124 d. p. 124 g. p. 124 j. p. 126 m. p. 174 b. p. 115 e. p. 123 h. p. 123 k. p. 72 n. p. 123 c. p. 124 f. p. 123 i. p. 259 l. p. 130

- 8. National Association for Sport and Physical Education. Active Start: A Statement of Physical Activity Guidelines for Children Birth to Five Years. Reston, VA. National Association for Sport and Physical Education: c. 2002.
- 9. Satter E. How to Get Your Kid to Eat...but not too much. Palo Alto, CA. Bull Publishing Co.: 1987.
 - a. p. 40. b. p. 14 c. p. 173
- 10. Accommodating Children with Special Dietary Needs in the School Nutrition Programs: Guidance for School Food Service Staff, by USDA, Food and Consumer Service, pages 4-5. Fall 2001
- Berman C and Fromer J. Meals Without Squeals: Child Care Feeding Guide & Cookbook. Palo Alto, CA. Bull Publishing Co.: c. 1991, p. 11.

References--41

- 12. Heinemann Bus, A. M. Van IJzendoorn, & A. Pelligrini. "Joint book reading makes for success in learning to read. A meta-analysis on intergenerational transmission of literacy." Review of Educational Research. 1995. 65: 1-21.
- 13. Graves DE, Suitor CW, Holt KA, eds. 1997. Making Food Healthy and Safe for Children: How to Meet the National Healthy and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs. Arlington, VA: National Center for Education in Maternal and Child Health.
 - a. p. 49. c. p. 52 e. p. 52 b. p. 271 d. p. 52 f. p. 72
- 14. Strauss RS, Pollack HA. "Epidemic Increase in Childhood Overweight, 1986-1998." Journal of the American Medical Association. 2001: 286: 2845-2848.



- 15. Thomas, K.T., Lee, A.M., Thomas, J.R. *Physical Education for Children: Daily Lesson Plans.* Champaign, IL. Human Kinetics Publishers: c. 2000
 - a. p. xxi-xxii c. p. xxii-xxiii b. p. xxvi d. p. xviii, xxii
- 16. Fisher, J.O. et. al. "Parental influences on young girls' fruit and vegetable, micronutrient, and fat intakes." *Journal of American Dietetic Association* (JADA). 2002; 102-:58-64.

References--42

- 17. Handbook for public playground safety. National Consumer Product Safety Commission: National Playground Safety Commission. p. 2. www.cpsc.gov/CPSCPUB/PUBS/325.pdf
- Fitzsimmons, Dina et al. Nutrition and Oral Health Guidelines for Pregnant Women, Infants and Children. JADA. February 1998.



- 19. Oral Health Topics. Diet. ADA.org. 2002
- 20. The Developing Smile: Tooth Eruption Charts. ADA. 1998.
- 21. Promoting Awareness, Preventing Pain: Facts on Early Childhood Caries (ECC). HRSA. Maternal and Child Health Bureau. June 1999.
- 22. Oral Health Topics. Baby Bottle Tooth Decay. ADA.org. 2002.
- 23. Does Soda Pop Cause Cavities? University of Iowa College of Dentistry. Department of Preventive and Community Dentistry. 1998.
- 24. "For the dental patient...Diet and Tooth Decay JADA, Vol. 133, April 2002. www.ada.org/prof/pubs/jada/p-page/p-page13.pdf